



**State of California**  
**Secretary of State**

**L**

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**STATEMENT OF INFORMATION**  
(Limited Liability Company)

Filing Fee \$20.00. If this is an amendment, see instructions.

**IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**FILED**  
in the office of the Secretary of State  
of the State of California

SEP 13 2012

18 CC  
This Space For Filing Use Only

**1. LIMITED LIABILITY COMPANY NAME**

ELLA L. DROLLINGER COMPANY, LLC  
8929 S. SEPULVEDA BLVD STE 130  
LOS ANGELES CA 90045

**File Number and State or Place of Organization**

**2. SECRETARY OF STATE FILE NUMBER**  
200426410076

**3. STATE OR PLACE OF ORGANIZATION** (If formed outside of California)  
CA

**No Change Statement**

**4. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**

If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 15**.

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 5 and 7 cannot be P.O. Boxes.)

**5. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE** CITY STATE ZIP CODE  
8929 S. SEPULVEDA BLVD., SUITE 130 LOS ANGELES CA 90045

**6. MAILING ADDRESS OF LLC, IF DIFFERENT THAN ITEM 5** CITY STATE ZIP CODE

**7. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (DOMESTIC ONLY)** CITY STATE ZIP CODE  
8929 S. SEPULVEDA BLVD., SUITE 130 LOS ANGELES CA 90045

**Name and Complete Address of the Chief Executive Officer, If Any**

**8. NAME ADDRESS CITY STATE ZIP CODE**

**Name and Complete Address of Any Manager or Managers, or if None Have Been Appointed or Elected, Provide the Name and Address of Each Member** (Attach additional pages, if necessary.)

**9. NAME ADDRESS CITY STATE ZIP CODE**  
H.B.D. INCORPORATED 8929 S. SEPULVEDA BLVD., SUITE 130 LOS ANGELES CA 90045

**10. NAME ADDRESS CITY STATE ZIP CODE**

**11. NAME ADDRESS CITY STATE ZIP CODE**

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 13 must be completed with a California address, a P.O. Box is not acceptable. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 13 must be left blank.

**12. NAME OF AGENT FOR SERVICE OF PROCESS**

MOHEB RAHMAN

**13. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL** CITY STATE ZIP CODE  
8929 S. SEPULVEDA BLVD., SUITE 130 LOS ANGELES CA 90045

**Type of Business**

**14. DESCRIBE THE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY**  
COMMERCIAL REAL ESTATE

**15. THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.**

9/10/2012

MOHEB RAHMAN

CFO

DATE

TYPE OR PRINT NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE